

## State of Washington Application for a Water Right

Fo	or Ecology Use
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Please follow the attached instruction	ons to avoid unnecessary Date					
delays.	*03 OCT 23 P2:16					
Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM						
Name SEQUIM VALLEY STABLE	Home Tel:(360)681 - 4/46					
Mailing Address 162 WARTHA LANG	Work Tel:( " )					
City SEQUIM State NA Zip+4 80	82+FAX:()					
Section 2. CONTACT - PERSON TO CALL  Same as above  Name PUSSELL + Darle all Hanks						
Name RUSSELL + DARLENT HANN Mailing Address /62 MARTHA LAN	E Work Tel: (360) 68/- (1/46					
City State VA Zip+4983	92+ FAX:( ) -					
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Section 3. STATEMENT OF INTENT						
The applicant requests a permit to use not more than						
sufficient. Estimate a maximum annual quantity to be used in acre-feet						
	ject. Indicate the period of time that the water will be needed:					
From / / to / /	year. Marcure the period of time that the water will be needed.					
Section 4. WATER SOURCE						
If SURFACE WATER	If GROUNDWATER					
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for well(s).					
Number of diversions:						
Source flows into (name of body of water):	Size & depth of well(s):					

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Appl. No.: \_

PROVIDE DOCUMENTATION.  Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)  A. Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)	1.10	ж.				g co						
Section corner:    Work   Work   Section   Township   Range(E/W)   County   If location of source is platted, complete below:   Lot   Block   Subdivision	LOC	ATION										
Section   Section   Township   Range(E/W)   County   Delow:												
For Ecology Use Date Received: 10 3 9 Priority Date: 10 3 9 Priori	1/4 0	of !	/4 of	Section	Township	Range(E/W)	County	If locat				
For Ecology Use Date Received: Dept. Of Health #								Lot	Block	Subdivision		
Section 5. GENERAL WATER SYSTEM INFORMATION  A. Name of system, if named:  B. Briefly describe your proposed water system. (See instructions.)  C. Do you already have any water rights or claims associated with this property or system?  PROVIDE DOCUMENTATION.  Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)  A. Number of "connections" requested:  Type of connection  (Homes, Apartment, Recreational, etc.)  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.  Complete C. and D. only if the proposed water system will have fifteen or more connections.	58	N	(3	16	30	4W	Claudan	<u> </u>				
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	В.	Are you If yes, ex	within th xplain wl	ne area of ar hy you are u	i approved v	vater system?				$\square$ YES $\square$ NO		
C. Do you have a current water system plan approved by the	Complete C. and D. only if the proposed water system will have fifteen or more connections.											
	C.	Washing	ton State	e Departmer	nt of Health?	,		t approved	l version of	☐ YES 💆 NO Syour plan.		

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D. *	Do you have an approved con. ation plan?  If yes, when was it approved? Please attach the current approved version of your plan.						
Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)							
A.	Total number of acres to be irrigated:						
B.	List total number of acres for other specified agricultural uses:						
	Use         Acres           Use         Acres           Use         Acres						
C.	Total number of acres to be covered by this application:						
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).						
	<ol> <li>Is the combined acreage greater than 6000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li></ol>						
E.	Farm uses:  Stockwater - Total # of animals Animal type (If dairy cattle, see below)  Dairy - # Milking # Non-milking						
	Section 8. WATER STORAGE						
Will yo	ou be using a dam, dike, or other structure to retain or store water?						
some po	If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and ortion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit tion from the Department of Ecology.						
Sect	ion 9. DRIVING DIRECTIONS						
Provide	e detailed driving instructions to the project site.  HYW 101 TO KITCHEN DICK Rd - RT TURN  RAVEL 8/10 OF A MILE TO MARTHA LANG-  UKN RT. (162 MARTHA LANG.)						

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## Section 10. REQUIRED Man

A. Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

A.	Does the applicant own the land on which the water will be u If no, explain the applicant's interest in the place of use and p		YES NO (es) of the owner(s):
В.	Does the applicant own the land on which the water source is If no, submit a copy of agreement:	located?	YES 🗆 NO
to pr moni	tify that the information above is true and accurate to the be ocess my application, I grant staff from the Department of E toring purposes. Even though I may have been assisted in th oyees of the Department of Ecology, all responsibility for the	cology access to the site for in ne preparation of the above ap	spection and oplication by the
Appli	Cant (or authorized representative)	Date Date	2003
Lando	owner for place of use (if same as applicant, write "same")	Date /	3003

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